

Application for Trading Account

Section 1 – Business Information

Type of business: Government Company Partnership Sole Trader Trust Other (Specify)

ABN :

Registered Business Name:

Business Address: Postcode:

Business Phone No.: (0)

Business Fax No.: (0)

Accounts Payable Contact person: Phone: (0)

Credit limit sought:

Section 2 – Business Solvency Information

For the last financial year, state the value of the business:

Turnover: **Net Profit :** **Assets :** **Liabilities :**

(Please attach a copy of the latest financial year's Balance Sheet)

Date Business Registered: **Date Business Commenced:**

In the case of a Company, do the directors guarantee payment of monies owing to Enerven?

Yes or No

Has the business ever been registered under any part of the Bankruptcy Act? **Yes No**

If yes, date / /

Your business premises are: Owned Leased Mortgaged Rented

Our Landlord is: Telephone number: (0)

Our Accountant is: Telephone number: (0)

We bank with: Branch address:

Telephone number: (0)

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Section 3 – Director / Trustee / Partner / Owner Information

Number of Directors / Trustees / Partners / Owners:

Directors / Trustees/ Partners / Owners (Minimum of One)		
Full Name	Physical Home Address	Phone
1)	(0)
2)	(0)
3)	(0)

Section 4– Personal Solvency

(for Sole Traders, Partnerships and where a director’s guarantee is given)

Full Name	Date of Birth	Assets (\$)	Liabilities (\$)
.....
.....
.....

Director’s Guarantee

The Director/s of the above mentioned company guarantee to Enerven’s, punctual and proper payment of all monies, owing to Enerven. The guarantors shall jointly and severally indemnify Enerven against all losses and damages that Enerven may incur arising from the default of the company in its obligations.

Name : Signed : Date :

Name : Signed : Date :

Name : Signed : Date :

Section 5 – Trade References

Name of Organisation	Contact Name	Phone Number	Period of Relationship (Years)	Annual Business with Organisation
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.....
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ACKNOWLEDGMENT AND AUTHORITY

I/We hereby certify that the information provided in this application is true and correct, and recognise that Enerven relied upon it.

I/We authorise Enerven to conduct any credit check to support their decision.

SIGNATURE OF APPLICANT OR AUTHORISED AGENT: DATE:

FULL NAME:..... POSITION.....

OFFICE USE ONLY

ACCOUNT MANAGER:

CONTACT DETAILS: (phone or e-mail)

COMMENTS:

INTERIM CREDIT RATING:

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Purchaser

Name

Address

Date of Birth / /

Summary

- Purchase Orders will be processed in accordance with Enerven "Terms and Condition for Sale of Goods". (Available on request);
- Price does not include delivery (quoted FOB);
- Collection Address: GATE 2, 500 GRAND JUNCTION ROAD, ANGLE PARK SA;
- Goods to be collected within seven (7) days of nominated required date;
- "QTY Available" is the nearest drum quantity available to fulfil your cable requirement;
- Excess material is not returnable without prior written agreement which will not be granted if Enerven has no immediate use for the cable/ material;
- A 20% restocking fee applies to any material accepted for return;
- Payment will be due to Enerven within 30 days of delivery.

I hereby agree to the Enerven "Terms and Conditions for Sale of Goods".

Purchaser to sign

Name (Print)

Signature

Date / /

**** OFFICE USE ONLY****

Enerven SIGN OFF

Name (Print)

Signature

Date